

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 181583625 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		4				
7		4				
8		0				
9		0				
10		0				
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	4		4			
16	4		4			
17	4		4			
18	0		0			
19	0		0			
20	0		0			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	4		4			
26	4		4			
27	4		4			
28	0		0			
29	0		0			
30	0		0			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	0		0			
36	0		0			
37	0		0			
38	0		0			
39	0		0			
40	0		0			
41	0		0			
42						
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47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			38			
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						